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SOUTH KESTEVEN
RURAL DISTRICT COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR 1964.

SOUTH KESTEVEN RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT

1964

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STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health	H. Ellis Smith, M.B., B.Ch., B.A.O., D.P.H., 41 North Street, BOURNE. Tel. No. Bourne 2436.
Chief Public Health Inspector	Walter A. Chivers, F.A.P.H.I., M.R.S.H., 41 North Street, BOURNE. Tel. No. Bourne 2436.
Senior Additional Public Health Inspector	William J. Watson, M.A.P.H.I., A.R.S.H.
Additional Public Health Inspector	Brian W. Hyde, M.A.P.H.I., C.R.S.H.
Building Inspector	Charles H. Busby, (Appointed 23.11.64)
Shorthand-Typist and General Clerk	Miss S.M. Curtis.
Junior Clerk	Miss J. Rawlinson.
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Clerk of the Council	J.J.C. Goulder, M.B.E.
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SOUTH KESTEVEN RURAL DISTRICT COUNCIL

Annual Report of the Medical Officer of Health
for the Year 1964.

To the Chairman and Members
of the South Kesteven Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my tenth Annual Report which is that for the year 1964.

SECTION A STATISTICS AND SOCIAL CONDITIONS

Area in Acres	95,061
Population (Registrar General's Figures 1964) ..	15,330
Number of inhabited houses.. .. .	4,877
Rateable Value.. .. .	£296,407
Sum represented by a ld. rate (Estimated)	£1,173 7s. 3d.

Vital Statistics for the year 1964

Note: Birth and Death Rates

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this report as "Net" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the Rates for the Country as a whole.

These factors for Births and Deaths in respect of South Kesteven are 1.03 and 1.04 respectively. The corresponding figures when

multiplied by the Crude Rate (that is for Births or Deaths as the case may be) will give the Net Rate.

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Total Live Births	136	127	263
Legitimate	119	122	241
Illegitimate	17	5	22

Crude Live Birth Rate per 1,000 of estimated population	-	17.16
Net Live Birth Rate per 1,000 of estimated population	-	17.66
Rate for England and Wales	-	18.4
Illegitimate Live Births per cent of Total Live Births	-	8.4%

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Still Births	2	4	6
Legitimate	1	4	5
Illegitimate	1	-	1

Still Birth Rate per 1,000 Live and Still Births	-	22.31
Rate for England and Wales	-	16.3

Total Live and Still Births	269
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	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Deaths.. .. .	77	71	148

Crude Death Rate per 1,000 of estimated population	-	9.65
Net Death Rate per 1,000 of estimated population	-	10.04
Rate for England and Wales	-	11.3

Infantile Mortality - Deaths of infants under one year

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Number of Deaths	3	3	6
Legitimate	2	3	5
Illegitimate	1	-	1

Infantile Mortality Rate per 1,000 Live Births	-	22.81
Rate for England and Wales	-	20.0

The number of deaths of infants under one year of age was

5 in 1962 and 5 in 1963.

Infantile Mortality Rate per 1,000 Legitimate Live Births	20.74
Infantile Mortality Rate per 1,000 Illegitimate Live Births	45.45

Neo-Natal Mortality i.e. Deaths of infants under four weeks of age	-	1 male 1 female (legitimate) 1 male (illegitimate)
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Early Neo-Natal Deaths i.e. Deaths of infants under one week of age	-	1 male 1 female (legitimate)
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Neo-Natal Mortality Rate per 1,000 Live Births	-	11.41
Neo-Natal Mortality Rate for England and Wales	-	N.Y.A.

Early Neo-Natal Mortality Rate per 1,000 Live Births	-	7.6
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Peri-Natal Mortality Rate (i.e. Still Births and Deaths under one week combined) per 1,000 Total Live and Still Births	-	29.74
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There was no case of Maternal Death i.e. a death due to Pregnancy, Childbirth or Abortion.

Maternal Mortality Rate for England and Wales	-	0.28
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The Live Birth Rate at 17.66 was just a little below the National figure of 18.4 which was the highest rate recorded since the last War. The Still Birth Rate at 22.31 was a little higher than that for England and Wales at 16.3.

The Death Rate in the Rural District was 10.04, about one per thousand less than for the country as a whole at 11.3.

The Infantile Mortality Rate for England and Wales was 20.0 and for the tenth successive year was the lowest figure ever previously recorded. South Kesteven's rate was 22.81.

The peri-natal, neo-natal and early neo-natal death rates were all down on the previous year.

It must be borne in mind that with our relatively small numbers in all of these statistics a change of one can make a big difference to the Rate.

<u>Causes of Infantile Deaths</u>			
<u>Under One Week</u>	<u>Ago</u>	<u>M</u>	<u>F</u>
Erythroblastosis Foetalis	4 hours	-	1
Prematurity			
Atelectasis - partial and bilateral Haemorrhagic diathesis of unknown origin	5 days	1	-
<u>Under One Month</u>			
Broncho-Pneumonia	3 weeks	1	-
Prematurity			
<u>Under One Year</u>			
Cerebral Anoxia	1 month	-	1
Congenital Heart Disease (Gentricular Septol Defect)	2 months	-	1
Broncho-Pneumonia	5 months	1	-
TOTALS		3	3

The number of illegitimate births has risen this year to 22 from 12 in the previous. At 8.4 per cent of the total live births they are far too high.

The Natural increase (excess of live births over deaths) was 115, sixteen more than in the previous year. While this is a healthy sign in its way, it is a challenge to those who do not wish to see village life decay and do wish to halt the bleeding of the rural populations into the town. This is what is happening as the youth migrate in search of employment and the vaunted attractions of suburban life.

At present the composition of the population for age and sex

in the Rural District approximates very closely to that of the Country as a whole, but that nonetheless means a preponderance of elderly persons in our community. This does now, and will over the years, require the full mobilisation of the medical and all the social services, both statutory and voluntary, to give them the support and facilities they need. Suitable accommodation is, for them, a high priority.

It is interesting that out of the 148 deaths 66 or 55.6 per cent were aged 75 or over.

CAUSES OF DEATH TABLE

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
1. Tuberculosis, respiratory.. .. .	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	4	5	9
11. Malignant neoplasm, lung, bronchus	2	-	2
12. Malignant neoplasm, breast	-	5	5
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant and lymphatic neoplasms	5	8	13
15. Leukaemia and Aleukaemia	1	1	2
16. Diabetis	1	-	1
17. Vascular lesions of nervous system	9	11	20
18. Coronary disease, angina	16	12	28
19. Hypertension with heart disease	-	-	-
20. Other heart disease	12	15	27
21. Other circulatory disease.. .. .	1	1	2
22. Influenza.. .. .	2	-	2
23. Pneumonia.. .. .	13	6	19
24. Bronchitis	-	1	1
25. Other diseases of respiratory system	2	-	2
26. Ulcer of stomach and duodenum.. .. .	2	-	2
27. Gastritis and enteritis and diarrhoea	-	-	-
28. Nephritis and Nephrosis	1	-	1
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	1	1
32. Other defined and ill-defined diseases	4	3	7
33. Motor vehicle accidents	1	-	1
34. All other accidents	1	1	2
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
TOTALS	77	71	148

Diseases of the Cardio-Vascular system as usual head the list of causes of death, accounting for 77 out of the total of 148 and of these more than a third were due to Coronary Disease and Angina. Moderation in all things, with adequate exercise and a watch on the waist line are the best preventives in the present state of our knowledge.

Thirty of the deaths were due to malignant growths and two of these were cancer of the lung. While this is a much lower proportion than for many years past, I would advise heavy cigarette smokers to avoid complacency as the National figures show a continuing steady rise. For a number of years past I have stressed the inherent dangers, but this year I will leave it to the Chancellor of the Exchequer's more persuasive and telling methods of reducing the cigarette consumption.

Third in the list of causes of death were the Respiratory group of diseases with 24, of which pneumonia claimed no less than 19. As only four were notified before death, I can but assume that they occurred as a terminal event in another malady. Certainly they bear testimony to the prevalence of influenza in the early part of the year.

Speed again took its toll in the death of a young motor cyclist. Drowning and a fall in the home causing a fractured femur were the causes of two other deaths. These were unhappy terminal events in the lives of octogenarians as both of these victims were.

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

Nursing in the Home

With the departure of Miss Wright, S.R.N., at Stamford on 31st December, 1963, the work of Health Visitor largely devolved on Miss Hetherington at Bourne, who, at times, carried an almost intolerable load. Such is the difficulty in obtaining recruits to this service that throughout the year the post remained vacant. Some of the District Nurses already mentioned are engaged in Health Visiting duties also. The work they do includes advice on many facets of Health and Social affairs to the entire family, and to the mothers, children, and the elderly in particular.

Home Helps

These are provided throughout the Rural District from centres

at the North Street Clinic, Bourne, the Barnhill Clinic, Stamford and from Sleaford for the Horbling, Billingborough and Folkingham areas.

Office times for inquiries are:-

Barnhill House, Stamford

Monday to	-	9.00 a.m. - 12.30 p.m.
Friday	-	1.30 p.m. - 5.00 p.m.

North Street Clinic, Bourne

Mondays	-	9.30 a.m. - 12.30 p.m.
		2.00 p.m. - 4.30 p.m.
Tuesdays	-	2.00 p.m. - 4.30 p.m.
Wednesdays	-	9.30 a.m. - 12.30 p.m.
		2.00 p.m. - 4.30 p.m.
Thursdays	-	10.00 a.m. - 12.30 p.m.
		2.00 p.m. - 4.30 p.m.
Fridays	-	2.00 p.m. - 4.30 p.m.

This service is engaged more and more in providing for the needs of the elderly and disabled, though it commenced originally as a service to expectant mothers during their confinement and lying in period. It permits the elderly to remain in their own homes long after they would otherwise have to go into Welfare Homes or Hospital. It tides the ordinary family over a domestic crisis and preserves the Problem Family from disruption.

A new service is being developed, that of the "Good Neighbour". If within a village one person is prepared to look in a few times a day and help a handicapped person in that village they may be "adopted" by the Local Health Authority and given a small Honorarium according to the service which they are giving. The accent in this service is on informality. In this, the first full year of its operation, it has worked very well where it has been utilised; but many in the area give their services to neighbours freely, without thought of, or desire for reward.

Infant Welfare Centres

These are provided at Castle Bytham, Corby Glen, Billingborough, Folkingham, Morton, Thurlby and R.A.F. Langtoft, and in each of these premises improvisation is the order of the day. I often wonder in what other service, other than Active Service - a doctor

would be expected to work under the conditions where the only hot water is the fitful supply from an electric kettle. The Market Deeping Clinic in the Town Hall is pleasantly and hygienically situated and makes a very good "pied-a-terre" until the new Clinic is built to serve the Deepings. In addition the central clinics in Stamford and Bourne serve the surrounding areas. At all these centres Welfare Foods and food supplements are made available. I would like to express my appreciation of the help of the dedicated band of voluntary workers who give so much assistance to the Health Visitors and myself at all these Clinics. A doctor attends all of these except the Morton and Thurlby Clinics.

Immunisation

Immunisation against Diphtheria, Whooping Cough and Tetanus and Vaccination against Smallpox are provided, without cost to the patient, by the Family Doctors, under the County Council scheme. In some instances Poliomyelitis protection is given also by them.

All these items of service are provided on request without prior appointments at the Stamford, Bourne, Market Deeping, Castle Bytham, Folkingham, Billingborough and Langtoft Clinics.

"Stork" Club or Mothercraft and Relaxation Classes for Expectant Mothers

These are held at the Barnhill Clinic, Stamford on Tuesday afternoons and at the Bourne Clinic on Wednesday afternoons and a number of mothers-to-be from the Rural District have attended each. The meetings are held weekly and consist of a course of eight lectures on various aspects of mothercraft, baby care and preparation for confinement. Each lecture is followed by a Relaxation Class, which makes for easier childbirth, as numerous members of the class have subsequently testified. A cup of tea and a chat make the afternoon a pleasantly sociable one. It is to be hoped that in the future, more from the Rural area will avail themselves of these most valuable classes, as only six did so at Bourne and eight at Stamford during the year.

Ambulance Service

This is provided for the Rural District by a radio-controlled system from centres at Stamford where there are three ambulances and one dual purpose vehicle, and Bourne where there are two ambulances and two dual purpose vehicles. Small areas are also served from Sleaford and Grantham.

Services Provided by the Regional Hospital Boards

All the usual Hospital Services are provided by the East Anglian Regional Hospital Board for the southern part of the area, from Hospitals situated in Peterborough, Stamford and Bourne. Similar services are provided by the Sheffield Regional Hospital Board in the northern area from the Grantham Hospital. This latter Board provides the services for the Mentally disabled throughout the whole area, from their Hospitals at Harmston Hall and Rauceby.

Venereal Disease

Clinics are held at the Out Patients' Department, Memorial Hospital, Peterborough, under Doctor N.A. Ross.

	<u>Males</u>		<u>Females</u>
Mondays	4.30 - 6.30 p.m.	Tuesdays	10.30 - 12 noon
Wednesdays	5.30 - 7.00 p.m.	Thursdays	4.30 - 6.00 p.m.

By the Medical Research Council Laboratory Facilities

A full service of bacteriological investigations is given us by the Public Health Laboratory, situated at the Peterborough Memorial Hospital, and under the control of Doctor E.J. Glencross. I would like to acknowledge gratefully the ever ready help and courtesy which Doctor Glencross and his staff have extended to us throughout the year.

By the Family Planning Association

This Clinic is held at Barnhill Stamford and provides a welcome service to married people wishing to plan their families. At it advice is given on methods of contraception and medical help with sexual problems and advice in cases of sterility and sub-fertility.

Oral methods of contraception - "The Pill" - have not been used and very rightly so, until the Medical Research Council produces its report and it is possible to allay the least suspicion of unpleasant long term complications, as well as the more short term risk of thrombosis.

The Clinic is held by Doctor Anne Whiteley - Deputy County

Medical Officer - assisted by a Health Visitor and a Committee of Voluntary Workers, whom I would like to thank for their valuable services.

The sessions are held:-

First Tuesday in each month	2.00 p.m. - 3.00 p.m.
Third Tuesday in each month	7.00 p.m. - 8.00 p.m.

Last year 94 women attended the clinic. Interested persons from the Rural District are welcome to avail themselves of the facilities provided.

SECTION C

SANITARY AND ENVIRONMENTAL CIRCUMSTANCES OF THE AREA

The Public Water Supply is potentially available to 97 per cent of the population in the area. During 1964 many new mains were laid and new connections effected. I am very grateful to Mr. Cameron Stobie, Engineer to the South Lincolnshire Water Board for the details of these, which follow, and also for his help and co-operation during the past twelve months.

Details of New Mains Laid As Reported by Mr. Cameron Stobie

Baston Fen	4,103 yds. - 3"
Church Street, Market Deeping (Mains Renewal)	663 yds. - 4" 64 yds. - 6"
Castle Bytham - Clipsham	2,884 yds. - 3"
Corby Glen	20 yds. - 3"
Bell Lane, Deeping St. James	90 yds. - 3"
Braceborough	80 yds. - 1½"
Linchfield Estate	242 yds. - 3"
Deeping Improvement Scheme	1,850 yds. - 12" 1,530 yds. - 9" 1,221 yds. - 6"

Doctors Lane, Dunsby	248 yds. - 3"
Horbling Camp Site	96 yds. - 3"
Wood Lane, Thurlby, Northorpe	52 yds. - 3"
West End Road, Langtoft	300 yds. - 3"
New Road, Langtoft	232 yds. - 3"
Manor Park, Deeping St. James	760 yds. - 3"
Off Church Street, Market Deeping	341 yds. - 3" 314 yds. - 4"

80 yds. - 1½" diameter
9,368 yds. - 3" diameter
977 yds. - 4" diameter
1,285 yds. - 6" diameter
1,530 yds. - 9" diameter
1,850 yds. - 12" diameter

Supplies were satisfactory during the year apart from those to Uffington where there has been lack of pressure and associated problems for some years past. There are now plans afoot to remedy this.

Additional pumping machinery was installed at the Lound re-pumping station to cope with the increased demand. As will be noticed considerable main laying was carried out in the Deepings area to supply the increasing demands made by rapid development.

During the year 189,009,000 gallons were used giving a mean figure of 516,393 gallons per day or a daily consumption per head of 33.7 compared with 479,000 gallons and 31 gallons per head in the previous year.

No properties are now supplied from standpipes. These figures speak for themselves in proclaiming the steady progress which has been made in recent years towards the ultimate target of making abundant pure wholesome water available to all.

TABLE OF ANALYSIS OF THE FIVE SOURCES OF PUBLIC WATER SUPPLIES IN THE AREA

	BILLINGBOROUGH	DEEPING ST. JAMES	LOUND	TALLINGTON	UFFINGTON
(parts per 100,000)					
pH	7.2	7.8	7.4	7.2	7.3
Chlorine present as Chloride	22.0	124.0	22.0	29.0	22.0
Hardness: Total	360.0	85.0	370.0	340.0	360.0
Carbonate	215.0	85.0	235.0	215.0	220.0
Non-carbonate	145.0	--	135.0	125.0	140.0
Nitrate Nitrogen	1.1	--	0.2	3.6	4.5
Nitrite Nitrogen	0.01 (less than)	0.01 (less than)	absent	absent	absent
Ammoniacal Nitrogen	Nil	0.4	Nil	Nil	Nil
Albuminoid Nitrogen	Nil	0.01	0.03	0.01	0.01
Oxygen Absorbed	0.1	0.3	0.3	0.25	0.1
Free Carbon Dioxide	26.0	10.0	18.0	26.0	24.0
Dissolved Solids dried at 180° C.	440.0	630.0	460.0	490.0	440.0
Alkalinity as Calcium Carbonate	215.0	325.0	235.0	215.0	220.0
Fluoride	0.1 (less than)	2.1	0.1	0.1	0.1 (less than)
Metals:					
Copper	--	--	0.6	--	--
Iron	0.06	--	--	--	0.5
Zinc	--	--	--	--	0.8

N.B. Analyst's Comments on the Deeping St. James Supply.

This sample is practically clear and bright in appearance and free from metals apart from negligible traces of iron and manganese. The water is on the alkaline side of neutrality, fairly soft in character and the content of mineral constituents tends to be high but not excessive, this last feature including the concentration of fluorine. Organic quality is very satisfactory.

The characteristics of this water are such that it will be aggressive towards galvanised iron. Apart from this objection and from the aspect of the chemical analysis the results are indicative of a pure and wholesome water suitable for public supply purposes.

With the exception of the bore which used to supply Deeping St. James completely, all the waters are very hard, being highly charged with Calcium salts. Such waters, in spite of other drawbacks, are certainly not given to plumbo-solvency.

The Deeping St. James bore supplied water to that Parish which was soft in character and contained just over 2 parts per million of Fluorine. For over 25 years now, this was consumed by young and old alike. In the former it resulted in a dramatic reduction in the amount of dental caries, compared with other areas of the District which were less blessed, and a most careful investigation over the years revealed not the slightest evidence that anyone in the older age groups had been prejudiced in the least. In fact, the vital statistics if anything, showed them to be a long living community above the average.

It is with great regret that I notice I have been using the past tense. Deeping St. James has been expanding rapidly in size and, at the same time, their bore, like so many others in South Lincolnshire, has been steadily falling in yield. Accordingly, it has become vitally necessary to utilise alternative supplies to such an extent as practically to swamp its characteristic of softness and fluoride richness. Furthermore, it is a relatively uneconomic source of supply as viewed from an engineering and distribution point of view. This Council and the County Council have asked the South Lincolnshire Water Board to consider keeping it in being, owing to its importance from a research and epidemiological standpoint. Though always most co-operative, the Board may find themselves forced, by hard economics and the falling output from the bore, to close it down. Should this come to pass it must still

be hoped that the past twenty-six years have produced enough evidence in favour of fluoridation, and the innocuous nature of it, within the prescribed limits, to calm the fears of all who still call themselves anti-fluoridists, or are members of that misnomer "The Pure Water League". Certainly fluoridation of water supplies will come in time to save millions of pounds in dental costs and an untold amount of misery from dental caries.

There has been a very high abstraction rate of water from the underground supplies. At the same time there has been a succession of relatively "dry" years so that the underground reservoirs have not been charged as could be wished. Furthermore, with new sewerage disposal schemes, new building and modernisations, there has been a vast increase in the run off from the gathering grounds to the rivers and the sea, at the expense of the former routes, down through the limestone. All these factors are combining to create a potentially serious result. It is certainly most necessary that the remaining supplies be husbanded and that the prodigal use of this National asset be resisted by every possible means. It is good, accordingly, that the South Lincolnshire Water Board are to make use at Dowsby of water which formerly was largely running to waste from unsealed bores.

The care which has been put into the operation and management of the sewage disposal works at Deeping St. James has resulted in a complete absence of any complaint of malodour from them. There was encouraging evidence during the better summer, with its higher temperatures, that alkaline digestion was at long last really established; after earlier disappointments. To keep up with the rapid development which has occurred in the Deepings, an extension scheme was agreed and completed. This included the addition of six more sludge drying beds, a digestion lagoon and the covering of one of the original digestion tanks.

There is adequate capacity for some years to come, but if all the development for which planning consent has now been given were to be accomplished, then it might well be nearing the point of overloading. Inevitably, therefore, extensions will be required and this fact needs to be taken into consideration and planned for soon.

Mr. Chivers, Chief Public Health Inspector, has dealt with the other achievements in the sphere of main drainage in his Annual Report. He has also elaborated the firm proposals for the next few years.

It is now the modus operandi to include the actual connection of properties to the new sewer in all the new sewage disposal schemes.

This is a great success ensuring the minimum upheaval along the sewer length, the maximum use of the sewer from the start, thereby reducing septicicity, as well as making the best use of the capital involved. This ensures that the history is not repeated of the older works, such as Corby Glen, where seven years after completion of its scheme, 55 per cent of the properties were not connected.

It is economic and social madness to have a modern sewer passing the door, to have an array of television aerials on the chimney pot, watching distainfully, while the night soil vehicle at the door collects the contents of the bucket closet from the back garden. It is agreed that this very expensive, but archaic service, will have to cease where there is a modern one competing for the right to provide a clean and aesthetic alternative. There are 160 properties still receiving this service in spite of a nearby sewer.

A fortnightly house door refuse collection is provided to each household. Consideration was given to increasing this to a weekly one but this was turned down on the grounds of economics, though the possible nuisance which could arise in hot weather was stressed. The proposed salvage collection drive may help to reduce the bulk and inflammability of the bin contents and reduce the inconvenience and nuisance from fires at the tipping sites.

Litter baskets have been provided in all the parishes for which they have been requested and at strategic lay-byes on the main roads. They are regularly emptied so there is no excuse whatever for the desecration of the countryside by the litter lout. Fortunately, unlike so many other parts of the country, we have only occasionally been faced with the problem of the dumped motor vehicle, but this is something which is bound to become an increasing headache for Councils in future years.

Mortuary facilities are still provided at St. Peters Hospital, Bourne in partnership with Bourne Urban District Council. The Pathologist finds it much more efficient and convenient to carry out his post mortem examination at the newly opened and well equipped Hospital Mortuary at Stamford or at Peterborough Hospital. Bodies are transferred from Bourne to there and returned at the expense of the County Council and not of the relatives. It is patently necessary however to have local provision for the return of such bodies and to cover other instances where post mortems may not be required. There is now adequate provision of burial ground throughout the Parishes. However, the Crematorium at Marholm, near Peterborough, is being increasingly used as an alternative to interment and is the nearest to this Rural District.

One Gangmasters licence was granted during the year to a person deemed fit and proper to organise and employ gangs of agricultural workers.

There are no Public Swimming baths within the Rural District but considerable use is made of those provided at Bourne and Stamford. With its rapid developments there may well be a future for one in the Deepings. Meantime, however, all senior school children are given the opportunity of learning to swim and it is ardently hoped they will fully avail themselves of the chance.

The Voluntary Laundry at Deeping St. James, with its devoted band of volunteers, continues to provide a six day service to the elderly, the needy and the disabled, in this and neighbouring Parishes. It represents the acme of social service.

All the schools within the area now have water toilets and all but three have hot water systems for ablution purposes, so the basic principles of good personal hygiene can now be practised as well as advocated.

The three exceptions are at Uffington, Swayfield and Folkingham. At the latter but tenders have been invited, so they will soon be blessed also.

The only public toilets maintained by the Council are at Market Deeping. Paper towels with cold hand washing facilities are provided for both sexes.

SECTION D

HOUSING

Thirty-five new Council houses were built in 1964, compared with fourteen in 1963 and eighteen in 1962. At the end of the year fifty houses were under construction.

Private enterprise did even better producing 115 compared with its total of 46 in 1963. Indicative of the boom in new building - mostly in the Deepings area - was the 203 houses under construction at the year's end. This latter figure leads one to think that our South East corner is to be developed into a dormitory for Peterborough - a trend which may accelerate rapidly, if the proposals for the City's population explosion come to fruition.

The Council give every encouragement to owners of suitable properties, to produce modernisation plans and give them a new lease

of useful life. In pursuit of these aims they awarded twenty-seven : Standard Improvement Grants - exactly the same number as the year before - and forty-nine Discretionary Improvement Grants, compared with twenty-four in 1963.

By circulating all applicants on the housing list it was possible to eliminate those, who due to changed circumstances, no longer wished to remain in the waiting queue. After this was complete there were still 302 applicants on the Council's books, of whom 255 were from inside the District and 47 outside.

DETAILS OF APPLICATIONS ON THE COUNCIL'S HOUSING LIST

<u>Village</u>	<u>Post- War</u>	<u>Pre- War</u>	<u>Bungalows</u>	<u>Outside</u>	<u>TOTAL</u>
Aslackby	-	3	2	-	5
Baston	2	8	3	2	13
Barholm	-	-	-	-	-
Billingborough	-	5	17	2	22
Careby	1	-	-	-	1
Carlby	4	1	2	1	7
Corby Glen	7	8	7	1	22
Counthorpe & Creeton	-	-	-	-	-
Castle Bytham	2	1	5	-	8
Little Bytham	5	2	2	-	9
Dowsby	2	-	-	-	2
Dunsby	-	-	-	-	-
Deeping St. James	13	-	20	6	33
Edenham	1	-	-	-	1
Folkingham	1	-	6	2	7
Market Deeping	19	3	22	6	44
West Deeping	8	1	8	-	17
Greatford	-	-	-	-	-
Hacconby	1	2	2	-	5
Horbling	4	-	4	2	8
Irnham	-	-	-	-	-
Kirkby Underwood	2	1	3	1	6
Langtoft	5	-	4	2	9
Morton	5	5	12	5	22
Pointon	2	1	3	3	6
Rippingale	10	-	5	9	15
Swayfield	-	-	1	-	1
Swinstead	-	-	5	1	5
Tallington	8	-	6	1	14
Thurlby	8	-	3	1	11
Uffington	2	-	3	1	5
Witham-on-the-Hill	2	-	2	-	4
TOTALS	114	41	147	47	302

Of the 302, no fewer than 147 of the applicants required bungalows or Elderly Persons accommodation, being 49% of the total. Additionally, from tenants already in Council houses, there are forty who have applied for transfer to bungalows. On top of this are the demands of the Slum Clearance Programme. Many of these properties are also occupied by elderly persons. It would be well to pause and consider this over-whelming demand for bungalow accommodation. It is pitiable to see elderly persons trying to struggle on alone in houses which are far too big for their physical resources and which have become not their castle but their prison.

The point has been stressed, year by year, in these reviews, that the combination of increasing longevity, of women in particular, the smaller family who, in any case, no longer feel the same obligation to do so, even if they are able to help their incapacitated parent or parents, must perpetuate the need of special housing facilities for the lone elderly person. Those who plan and build houses must bear this fact in mind.

The Grouped Bungalow Scheme at Deeping St. James is a classical example of what can be done with traditional materials, but it would not be the highly successful project that it is, nor have the happy and vital atmosphere which it has, were it not largely created by Mr. and Mrs. Bevan. Ultimately it is on the initiative and personality of the Wardens that true success depends. It is good to think that another similar group may soon come into being in the North and it is to be hoped that the general purpose livingroom bedroom type of accommodation will be avoided as being reactionary and unsuitable. In the last two or three years it has been proved, beyond shadow of doubt, that many old people die in cold weather, simply because they are unable to keep their body temperature up if they are in cold surroundings - a condition of Hypothermia. In practical terms, this means that all Grouped Homes should in future have provision for a minimum degree at least of background heating, below which point the elderly person of economical mind cannot reduce it. Further, all old persons bungalows or other accommodation which did not have it at the time of their construction, should have thermal insulation provided to conserve the available heat.

The Council, though they do not operate a Point's system, do consider on their merits, all applicants who claim priority rehousing on the grounds of ill health. In each case a full investigation is made personally by your Doctor before any recommendation is made to the Health or Tenants Committee.

In dealing with these special priorities it has been agreed, in theory, that they should come outside the scope of the usual

parochial letting, bearing in mind that the District as a whole is the Housing Authority not the Parish.

So great are the demands in housing that though a house has been urgently needed and sought for a septuagenarian woman and her son since November, 1962, though he has had tubercle and been in hospital several times for treatment during this period, and though this is always regarded as a top priority, still they are on the Waiting List.

During the year there were eight requests for assistance with priority rehousing on the grounds of ill health.

One case of over-crowding was reported and investigated during the year. This concerned a problem family who, before the over-crowding could be abated on their behalf, left the district.

The Slum Clearance Programme has continued to make steady progress. A further forty-four houses compared with thirty-three in 1963 were dealt with, making 389 since the start nine years ago. Originally in 1955, it was estimated that there were 659 houses in the Slum Clearance category and that it would take eighteen years to deal with them. Now at the half-way stage in time the achievement is well ahead of the estimate - but how many more houses have joined the original 659 during the intervening years? No Official Representation for a clearance area was made during the year, all 44 houses being dealt with as individual unfits under the provisions of Section 16 of the Housing Act, 1959.

There are 224 pre-war Council houses without water lavatories and 390 - a reduction of 29 in the year - without hot water systems and of these 227 also without baths. The last Census showed that out of the total of 4694 buildings in the Rural District 1840 had no fixed baths. The builders have plenty of work awaiting them in renovating the old as well as erecting the new.

No case of infestation with fleas or bedbugs was recorded during the year but the Department was asked to deal with ants and wasps on several occasions and there were several cases of Scabies for whom the availability of Cleansing Centre facilities would have been welcome.

There are no common lodging houses within the area.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

There are three licensed slaughterhouses within the area and these together with those at Bourne and Stamford adequately serve the area.

A hundred per cent meat inspection is maintained at all times.

Mr. Chivers, in his Report for 1964, has dealt very fully with the work which he, and his two Health Inspectors, have done in ensuring that the food the community eats is pure and wholesome. The year saw the drama of the outbreak of food poisoning (Typhoid) in Aberdeen and the public are familiar with the cause which was infected canned meat from South America, and the near siege precautions which were clamped down on the Granite City of the North. It is only by the constant vigilance of the Health and Food Inspectors that such or similar incidents do not occur far more frequently than they do. Locally we had a repercussion as every known food business in the area was circulated with the type and serial number of the suspected meat cans. In spite of a thorough search none of the incriminated cans were discovered.

It was unfortunate that the Ministry of Health, from a Public Relations Standpoint, released the information to the Radio and press 18 hours before we received the information, which gave the disquieted public that much start before we could do anything.

In addition to their many other tasks Mr. Chivers and his staff have to see that the provisions of the Food Hygiene Regulations are complied with strictly. Unfortunately time precludes as many routine visits to all catering establishments as they would like.

Every effort is made to ensure the safety of milk supplies and the products, such as Ice-cream, made therefrom. It is frustrating, however, that after all these years, there is still no legal standard for their bacteriological purity. The Methylene Blue test remains as unreliable a yardstick as ever.

I would like to take this opportunity to stress again that the only safe milk is a heat treated one. Though the danger of acquiring bovine tuberculosis is virtually ended, milk which has not been heat treated can still carry other organisms and amongst these, that of Brucella, which in cows cause contagious abortion, and in man, Undulant Fever. This latter is difficult of clinical diagnosis and gives rise to low grade fever and prolonged ill health in the sufferer. In 1961/1962 a source of infection was found in a herd

within the area. An all out effort was made by the Health Inspectors with the co-operation of the farmer and the Public Health Laboratory staff. After taking over 400 samples of milk from the herd, the infection was eliminated by removing six infected and infectious cows. Our triumph however was short-lived as the infection reared its head again in the same herd this year. Another 75 samples were taken and again the culprit was removed. The frustrating and depressing point of all this lies in the fact that these cows could be sold in the open market and could infect some other herd and milk, setting up the whole vicious circle again. Neither the Ministry of Agriculture, nor the Ministry of Health seem concerned with this aspect of the problem. The "Brucellosis in the Dairy Herd" Report of the former, barely refers to the public health aspect, though admitting that some 30,000 dairy herds in this country are infected. The Ministry of Health, after agreeing three years ago that the human form of the disease should be made notifiable in this area, withdrew their sanction this year on the grounds that it had:- "little practical value because of the length of time that may elapse before the disease is recognised. The difficulty of diagnosis and the need for laboratory investigations so delay notification that the tracing of sources of infection may be either impossible or unnecessarily delayed". If no-one has any obligation to tell anyone else about the disease the information may indeed be long delayed, as not all those interested in it are gifted with telepathy. As a notifiable disease it does remind members of my profession to be on the look out for it. There were two known cases of Undulant Fever in the County this year but I am quite sure this does not reflect its true incidence.

The Rural District Councils Association are interested in the problem and are to take up the matter with the Ministry of Health.

The taking of periodic samples of milk within the area did not reveal any containing pencillin which was most gratifying when one considers the size of the National problem.

A close watch is maintained on the bores which supply the water to the beds in which watercress is grown. Great care is taken to ensure that it is kept as clean as possible but contamination is inevitable while growing and during transit and needless to say, it should be carefully washed before it is consumed.

Conditions at the fruit pickers camp at Ringstone Hill were vastly improved this year and in fact gave rise to no complaint. A metamorphosis from earlier years, thanks to the owner of the field and employer of the labour providing a Camp Warden to ensure an acceptable level of camp discipline.

May I again make a plea that all food premises should be registered. This would make supervision so much easier and ensure that a comprehensive list is immediately available in time of emergency, such as food poisoning incidents.

Food and Drugs Act, 1955

In his customary and always illuminating contribution to this report Mr. Hawley, Chief Weights and Measures Inspector of the County tells of the samples taken during the year under the provisions of the above Act.

In his report he says:-

"The three adjoining areas of Bourne, South Kesteven and Stamford form an important part of the County of Kesteven and certainly so far as the Food and Drugs Act is concerned they are closely inter-dependent, with the towns of Stamford and Bourne, both with weekly markets and varied shopping facilities, serving the needs of the rural as well as the urban areas. In the same way, a great deal of locally-grown produce is sold in the two market towns and though milk is brought from much further afield to be sold in Stamford and to a lesser extent in Bourne, both towns depend on milk production in the rural area for some part of their dairy needs. This is particularly true of Bourne whose farm-bottled milk comes largely from Billingborough. All these factors are borne in mind when the sampling programme for the County is planned, because, although the Ministry advise a basic quota of three samples per 1,000 of population, it is felt that the greatest good can be done where people congregate to do their shopping. Both Stamford and Bourne have a varied range of food shops and one has only to visit these towns on market day or at the weekend to realise that for the urban as well as the rural population shopping 'in town' is an accepted part of family life.

"As a Food and Drugs Authority, the County Council is required to administer that part of the Food and Drugs Act which relates to the chemical or compositional quality of foodstuffs and drugs. Thus the duties of the County Council's sampling officers are somewhat different from those of public health inspectors who are concerned with matters of hygiene and the bacterial purity of foodstuffs. Sampling Officers are primarily concerned with what the law terms 'the nature, quality and substance' of foods for under the Act it is an offence for a person to sell.....

"to the prejudice of the purchaser any food or drug which is not of the nature, or not of the substance, or not of the quality, of the food demanded by the purchaser....."

"Statutory standards of quality have been fixed for many foods (though not all) and, when all else fails, magistrates must decide on the basis of the evidence placed before them whether, for example, tinned stewed steak should include a cereal filler and, if so, how much. Selective sampling by well-informed sampling officers can go a long way towards achieving optimum results and this is the aim of the County Council's sampling staff. Sampling is done on as wide a range as possible, though special attention is given to all locally-prepared foodstuffs. Generally speaking, the majority of samples is purchased from traders selling to the public and thus a sampling officer procures for analysis what anyone else could buy. He can, however, submit for analysis any food or drug about which a purchaser has reasonable doubts and this is not infrequently done.

"It should be emphasised, of course, that sampling under the Food and Drugs Act is merely one of many ways in which the interests of the consumer is safeguarded. Many other bodies and many other officials are equally concerned to ensure that the public gets good food in wholesome and hygienic condition and wherever it is possible to collaborate in these matters, effective liaison is established with others doing similar work. For example, an extremely harmonious relationship has been established between the County Council's Food and Drugs Department and the three Public Health Departments in the south of the County and this certainly helps to improve the quality of the work done by the County as a Food and Drugs Authority.

"During the year under review, a great deal of interest has been centred on chemical food additives and while pressure groups like the National Association for Health have been mounting a campaign against what they term 'the poisonous contamination of food', the Minister has been equally active marshalling his advisory forces to meet and, where possible, rebut the charges which have been flung at him and his Department with such acrimony.

Food Additives

"Chemical food additives fall into two main groups, namely, (1) those which have or are supposed to have prophylactic properties and (2) those whose purpose is purely commercial. The addition of vitamins, minerals and other nutrient factors to food to enrich or restore deficiencies in normal concentrations is now accepted by most persons as a commendable practice. In a quite different category, however, is the addition of colouring matter, antioxidants, preservatives, stabilisers, maturing agents and similar substances, because they have nothing whatever to do with nutrition and are used exclusively for commercial purposes - to standardise and improve appearance or to extend the 'shelf life' of foods which, without

this treatment, would look unattractive or would go bad too quickly.

"With the development since the War of a wide range of synthetic chemical pesticides and, latterly, the increasing use of chemicals as antibiotics in animal farming, there has grown up a new source of food contamination largely outside the control of the food industry. There is no doubt at all that the sophistication of food has increased alarmingly in the post-War years, but so has the Minister's awareness of this and he is certainly using all his resources to combat the evil, and he is helped in this by the eleven members of the Food Standards Committee.

Food Colouring

"There is no doubt whatever that anxiety exists in many quarters at the increasing use of food colours, especially the coal-tar dyes and it is for this reason the Minister is taking a tougher line on synthetic chemicals in food. The Food Standards Committee has recently advised the banning of six of the currently 'permitted' coal-tar dyes and has recommended that all the other coal-tar dyes on the 'permitted' list should be withdrawn within the next five years. Food dyes serve no nutritional purpose at all and could be withdrawn to-morrow were it not for public habit. Thus the public is said to demand a processed pea which gleams like a starboard light and strawberry jam which rivals the port light in brilliance. To satisfy this demand and achieve these effects, most food manufacturers use coal-tar dyes and though some are said to be safe, others are known to be suspect. It is reassuring to know, however, that the British Industrial Biological Research Association is giving the highest priority to a programme of research into food colours, though it is indicative of the problems involved that this will probably take two years.

"It is impossible for a layman to be other than impressed by all this governmental activity regarding the dangers which lurk behind the colourful facade of the supermarket and the attractive label of the pre-pack. It is, nonetheless, a sobering fact that no two national lists of 'permitted' colours are alike and that there is, in fact, only one colour that is universally accepted. This means that a colour accepted as safe in one country is nearly always rejected as unsafe in another.

Sampling

"While one result of the large-scale preparation of food is the series of additive problems already described, a happier result is the almost complete disappearance of the cruder forms of

adulteration. Sand in the sugar and potato flour in bread, turnips in jam and starch to thicken cream: these adulterations have become so certain of discovery that the hazard of their use to gain illicit profit is no longer worth risking. To-day, the presence of gross impurities in food is rare, though accidental contamination is still common, especially in the form of 'foreign bodies' in canned and pre-packed foods.

"The following is a list of articles sampled in South Kesteven during the year:-

Beans (tinned)	1
Butter	1
Cream	1
Dates	1
Figs	1
Glace cherries	1
Milk	14
Pork sausages	2
Preserves	2

All these were reported upon by the Public Analyst as satisfactory.

"Purchasers sometimes complain of the quality of goods bought and if, as is sometimes the case, these contain recognisable 'foreign bodies', the matter is dealt with without recourse to the services of the Public Analyst.

"During the year a Tallington housewife complained of finding a complete adhesive finger-dressing in a tin of Green Beans. Legal proceedings were instituted against the firm concerned on the grounds that this was a most obnoxious 'foreign body' to find in an article of food and one which, with proper supervision, should have been detected. The case was heard at Bourne Magistrates' Court in October when the Bench imposed a fine of £50 and 5 guineas costs.

"The year was notable for an absence of any serious case of adulteration. To a very large extent this is due to the enormous increase in the large-scale preparation of foodstuffs. Apart from the many specialist research groups serving sections of the food trade, most of the bigger food manufacturers have their own research laboratories and while these are primarily concerned with the quality-control of their own products, they all devote some part of their time to pure research for the general good of the food trade. There is no doubt that the whole administrative machine concerned with Food and Drugs is now operating at a high level of efficiency, from

the Minister with his cohorts of advisers to the local Food and Drugs Authorities with their sampling officers.

"It cannot be too frequently stressed that while the main purpose of present-day Food and Drugs legislation is to prevent food from becoming injurious to health by the addition of deleterious substances, there is a concurrent need for adequate supplies of wholesome food for all, especially the many millions of the population who live in big towns. This means compromise and the acceptance, to some extent, of the Benthamite philosophy that in matters which concern the people as a whole, certain things (which are not necessarily compatible with individual preference) must be done for the greatest good of the greatest number."

Our thanks are due to Mr. Hawley for the work which he does on our behalf.

SECTION F

THE PREVENTION AND CONTROL OF
INFECTIOUS AND OTHER DISEASES

ANALYSIS OF CASES OF INFECTIOUS DISEASE
UNDER AGE GROUPS

	Scarlet Fever	Diphtheria	Puerperal Pyrexia	Pneumonia	Ophthalmia Neonatorum	Cerebro Spinal Fever	Measles	Whooping Cough	Erysipelas	Dysentery	Acute Encephalitis	Paratyphoid
0-1	-	-	-	-	-	-	5	-	-	-	-	-
1-2	-	-	-	-	-	-	21	3	-	-	-	-
2-3	-	-	-	1	-	-	25	4	-	-	-	-
3-4	1	-	-	-	-	-	22	1	-	-	-	-
4-5	1	-	-	-	-	-	19	2	-	-	-	-
5-10	6	-	-	1	-	-	136	9	-	-	-	-
10-15	1	-	-	-	-	-	32	2	-	-	-	-
15-20	-	-	-	1	-	-	6	1	-	-	-	-
20-35	-	-	2	1	-	-	2	-	-	-	-	-
34-45	-	-	-	-	-	-	-	-	-	-	-	-
45-65	-	-	-	-	-	-	-	-	-	-	-	-
65 & over	-	-	-	-	-	-	-	-	-	-	-	-
Age Un known	-	-	-	-	-	-	1	1	-	-	-	-
TOTALS	9	-	2	4	-	-	269	23	-	-	-	-
Admitted to Hospital	-	-	-	-	-	-	-	-	-	-	-	-

Three hundred and seven cases of notifiable diseases were recorded during the year. By a strange coincidence this was precisely the same number as in 1963 compared with the low figure of 53 in 1962. In each year this was due largely to the seasonal outbreak of Measles which started late in 1963 in the North area of the District and gradually spread into the Southern during the early months of the year. Fortunately Dysentery this year played no part in the figures, unlike its villainous role of 61 in 1963 and 91 in 1962, an outbreak which caused so much concern to the Department. It is pleasing to record that during the year there were no cases at all of notifiable gastro-intestinal infections. Only eleven cases of streptococcal infections were recorded, but I consider this was only a fraction of the true incidence. These infections still remain important in individuals and their families, who are engaged in food handling or midwifery, but in others contact control measures are no longer practised.

It is six years since there has been a case of Poliomyelitis in South Kesteven and seventeen years since Diphtheria last claimed a victim. Year by year it is proclaimed, and it must be continued, that this immunity will only last just so long as the mothers of young children realises fully the risk in not doing so and ensures that all their children are immunised against these two horrible diseases. Three injections, in the first year, against Diphtheria, Whooping Cough and Tetanus, buys the pre-school child's immunity to these three diseases. Three drops of Poliomyelitis vaccine in syrup insures against that disease also. Was ever such a wonderful insurance policy offered on so low a premium - and without annual returns?

It is hoped that within another year or two a Measles vaccine will also be available making a "four in one" and an even more comprehensive insurance.

There was no National scare of Smallpox this year and a reduced demand was the response to this lack of stimulation.

A card of precautions against Weil's Disease is given to all the Council's workmen who may work in rat infested places. It is made readily available to any member of the public wishing to protect themselves, or their employees, under similar circumstances of risk.

Venereal Disease

There were four new cases in that part of the District which normally drains to the Peterborough Hospital Group, compared with

ten the previous year. Unfortunately one of the four was a teenager. Though numerically this number is small, yet allied to the twenty-two illegitimate births it indicates that sexual promiscuity is too rife for any complacency on the part of those who are in a position to halt the deterioration of the moral health of the community. More attention should be given to stressing the dangers of venereal disease which is showing nationally an ever increasing incidence.

<u>TUBERCULOSIS NEW CASES AND MORTALITY DURING 1964</u>			
<u>NEW CASES</u>			
<u>Age Periods</u>	<u>Pulmonary</u>		<u>Non Pulmonary</u>
	M	F	M F
35 - 45	1	-	- -
45 - 55	1	-	- -
TOTALS	2	-	- -

There were two new cases of Pulmonary Tuberculosis this year compared with four in 1963 and seven in 1962. There were no new cases of the non-pulmonary forms of the disease. It is also pleasing to record that no death was attributable to any form of the infection.

B.C.G. vaccination against Tuberculosis was again offered to all school children aged 13-14 years. The response was a satisfactory one. All who gave negative skin tests were vaccinated and those found to be positive had a routine chest x-ray. In no instance was an abnormal x-ray found.

The liaison established in recent years between the Chest Clinic at Bourne and the Health Visitor charged with the duty of Tuberculosis visiting has prospered. This is an essential if a proper interchange of information between home and hospital is to

be maintained and defaulters from clinic and surgery chased up. Instead of being fragmented between several district midwives and the Health Visitor; the latter is in future going to cover all cases in South Kesteven which will ensure complete uniformity and a better integrated service.

A visit of the Mass Radiography Unit of the East Anglia Regional Hospital Board has been promised to Bourne early in the summer of 1965. It is hoped that as many as can from the neighbouring Rural District will avail themselves of the opportunity to have their chest x-rayed. A visit is also proposed to the rapidly expanding population of the Deepings at about the same time.

Food Poisoning

There was no notified case during the twelve months.

National Assistance Act - Section 47

During the year no person had to be removed to Hospital or Welfare accommodation under the provision of this Act. There were however two cases in which every effort of argument, persuasion and pressure had to be exerted to bring about their consent, and to avoid what to me seems the near tragedy of compulsory removal from their home against bitter opposition. Such measures usually result in the early demise of the person removed in the exercise.

Health Education

The Council subscribes to the Centre Council for Health Education and makes full use of the propaganda material which such membership brings. It would be sanguine however to claim that however excellent this is that it brings much result. Take anti-smoking propaganda for instance. What earthly chance do a few gruesome posters have in stemming the avalanche of advertisements extolling the soothing charms of Venus Virginiae, but Cancer of the lungs deaths were up again last year.

The Central Council, all the National medical and dental organisations and the Ministry of Health, have backed fluoridation of Public Water supplies and propaganda has flowed forth in its support, but not one water authority outside of those in the pilot scheme have adopted it, because prejudice and the per capita cost have blinded so many to the benefits which such a procedure would bring.

In fact in all major health educational projects information

can be disseminated widely but prejudices remain inviolate to the written word.

Health education to be effective must be aimed at the young and particularly while they are at school and before prejudices are engrained. Its major impact is made by a personal approach to the pupil as an individual rather than by mass indoctrination.

So far as sex education is concerned I think the major need is not for more information on the subject but on the ethical and moral attitudes to sex which at the moment are largely bankrupt. This point is well illustrated by the teenager in this area who took her mother's contraceptive pills, prescribed for gynaecological reasons, substituting inert tablets for them. This allowed her indiscriminate sexual indulgences while her mother, relying on her "pills", found herself several months pregnant before the mean deception was discovered. This girl's sex education was not faulty!

The best health education lies in setting youth a good example. If their respect is then won, they will be willing to follow that example. Words and exhortation are not enough without the good image and sincerity.

Miscellany

Frequent demands are made on the Health Department for assistance in solving problems of a socio-Medical nature. There were twenty-eight of these during the year covering a wide variety of cases. In each instance a full investigation was made into the history both in its medical and social aspects. Last year I mentioned the prevalence of cases in which we were brought face to face with the pathos of elderly persons living alone in unsuitable surroundings, with which they were no longer able to cope. While instances of this occurred again this year the emphasis was shifted to elderly persons living a parasitic existence on unfortunate relatives. It is the bounden duty of every family to look after its own elderly relatives even when they are chronically sick and difficult. There are, however, instances where the strain becomes quite unbearable and the life of the younger is virtually being sacrificed on the altar of the elder's selfishness. There was the old lady of over 90, who was looked after by her unmarried daughter, herself in her sixties, whom she nevertheless ruled with an iron discipline. If everything was not according to her liking she beat her daughter with a stick; and with the dictatorship of so many years, prevented her from having any life of her own. A crisis arose however when the latter became ill and it was obvious that she would never get better at home. The mother refused to allow her

to go to hospital until, following a very stormy scene, she eventually washed her hands of her daughter, declaring that if she once left, she need never come back. In the end mother was left behind with her nine cats to be cared for by a Home Help and a Good Neighbour. With a remarkable tenacity and stubbornness she managed to maintain the situation until her daughter returned from hospital a couple of months later; and in fact she only allowed her back reluctantly.

There was another elderly woman who was mentally ill and yet contrived to lead her unfortunate spouse a dog's life. He, though physically in poor condition, had to wheel her long miles every day in a wheel chair. He had to do all the domestic chores unaided as she refused to allow any help of any sort into the house. She nagged at him, struck him when displeased, until literally he had reached the state of complete breakdown. The answer to this was the admission of both of them to Hospital, which, however, was only accomplished after many visits to the home and the ultimatum that unless they went voluntarily, they would be moved compulsorily.

There was the old lady who had had a stroke and was incontinent and for whom her husband cooked, washed several times a day and did all the household chores until he, at 75, was exhausted. She, from her bed, would permit no outside help. Belatedly realising that he was at the end of his tether and that her customary comforts were threatened, she consented ungraciously to go to Hospital to let him have a rest.

There were at least half a dozen cases of a similar nature but these are sufficient to pull aside the curtains and reveal how one person can make a hell upon earth for another and produce a human problem which is very difficult to solve. These do not come strictly within the provisions of Section 47 of the National Assistance Act which provides for Compulsory removal.

There would be many other stories of domestic disruption were it not for the wonderful work done by the Home Help Service and their Aides the Good Neighbours. Over and over again, they have stepped in to save the family from breaking-up and children having to be taken into County Council care.

In other instances they have made it possible for lonely elderly persons to remain in their own home where they desperately wish to be but where they could not carry on without outside assistance.

The Chiropody Service provided by the County Health Authority has been a great boon as there is now no need for the elderly to

hobble along on their corns and callosities.

The nutritional standards of the elderly often leave much to be desired and I often wish that the universal free milk supply to the school child, which I submit is no longer dietetically necessary, or even desirable, could be diverted to the elderly to whom it would mean so much. Does the over eleven year old school child need free milk and the cost is over £12,000,000 a year?

The Meals on Wheels Service run by the W.V.S. with the organising ability and drive of Councillor Mrs. H.M. Packer, B.E.M. behind it has made further headway in bringing help to the elderly and needy. Last year only two Parishes - Deeping St. James and Folkingham - availed themselves of this social service, but this year they were joined by Pointon and Billingborough. If the representatives of other parishes could but see the keen anticipation and delight of those who now regularly get a first class hot meal brought to their table once or twice a week, and the kindly social contact which accompanies them they would soon be clamouring for like benefits. It is true to say that after having had them for a few months the elderly come to rely on them as part of their way of life. Are there really fewer needy in this District or is complacency greater than in other parts of the county?

I feel there is a need for an Elderly Persons' Welfare Committee in the Rural District, with representatives of all the organisations, able and willing to help the elderly, serving on it, as well as a representative from each interested Parish. This would ensure that the best help could be given, with the minimum of delay, to those most in need of it, and also it would ensure that no deserving case was over-looked, or left lonely and unvisited. We will all grow old.

The welfare of the Elderly Co-ordinating Committee for the Stamford, Bourne and South Kesteven areas, met quarterly throughout the year, with the object of pooling information and resources in cases of special difficulty or need. Serving on it are the Managers of the Three National Assistance Board Offices which cover the area, the Home Help Organiser, the Meals on Wheels Organiser, the Health Visitors, the Housing Managers of the three Districts, the District Welfare Officer, a family doctor, the Consultant Physician to the Peterborough and Stamford Hospital Group, and myself. At these meetings nineteen cases from the Rural District were reviewed.

The results obtained from these meetings have been invaluable in producing a better service from the bodies represented on it for the individual in need. They have also improved the team spirit between the various members of the group. The work of this Committee

has received National notice as it was the subject of a special feature article in the Example Series of "New Society" in July.

The distribution of the Council's synopsis of the services available to the elderly continued as in former years. I would like to thank Mr. Farrar, Manager of the Stamford National Insurance Office, who places one in the papers of all persons when they become of pensionable age. This ensures that no-one is overlooked.

The Children at Risk Co-ordinating Committee, started in the Southern District in 1962, continued its quarterly meetings this year and thirty cases from the Rural District were discussed and helped. There are 22 members representing all the bodies statutory and voluntary working in this field. The closest co-operation is necessary for the problem of child welfare is a large one, and this county is in the top ten of Local Authorities in this country with the most children in the care of their Children's Committee.

For the third year your doctor has acted as medical correspondent for the Rural District Review - an honour which, as your representative, I have much appreciated.

It will be recollected that for the past five years I have voiced increasing concern over the poisoning of the environment with highly persistent sprays and insecticides. It was, therefore, some satisfaction to hear that two bad offenders, Aldrin and Dieldrin, had been banned from general use, but it has still left many others in the same group of organo-chlorine compounds, such as D.D.T. Ninety-five per cent of this latter has been recovered from the soil twelve months after it has been used as a soil insecticide. The second great group of Pesticides are the organo-phosphates to which belong Malathion and Parathion which depend for their action on destroying the cells which are the body building bricks of plants and animals.

Finally there are the systemic insecticides which enter into the cells and body fluids and poison insects feeding thereon. The unwanted contamination of the soil by pesticides has now spread to the sea as the persistent ones are washed out of the soil, down the rivers to the coast. Eggs from sea birds in Berwickshire, Northumberland, Norfolk and Wexford all contained organo-chlorine insecticides.

The control of these many, ever increasing and highly complex chemicals, depends on a voluntary scheme of co-operation between the Chemical Industry and the Government embodied in the Pesticide Safety Precautions Scheme. Many who have studied the problem feel

that there should be a tighter control. The Rural District Councils Association formed a Sub-Committee to make recommendations to the Government and your doctor had the honour of being a member of this. They declared themselves in favour of a statutory scheme of precautions in the registration, labelling and use of pesticides and this resolution has now gone forward for Government consideration.

These facts should be known to an agricultural area such as this where spraying procedures of all sorts are common place.

It is clear that a great debt is owed to the chemical industry for increasing the productivity of the land and for safe-guarding food on its long journey from the soil to the consumer. It is also crystal clear that only by constant vigilance and the meticulous observance of every possible safety measure by all who manufacture and apply these dangerous substances, will we remain outside the pesticidal net. I am sanguine this can be achieved if the challenge is faced with realism and determination.

Another and allied cause for concern is the widespread use of hormones and antibiotics in the feeding stuffs and in the rearing of livestock intended for food. Does anyone really know what the long term effects on the human consumer will be, any more than they do the three parts per million of D.D.T. which on average is now contained in the body fat of everyone in this country?

These side effects were more serious in milk that contained pencillin, derived from its use in the treatment of mastitis in cows, than was originally thought, and now action has been taken to prevent this. May the same pattern prevail in other instances also?

One case of mercurial poisoning was reported to me. This affected a man who was employed in the dressing of grain with Ceresan. It underlined the necessity of wearing a mask and of taking all the other needful precautions when using this substance.

The figure of twenty-two illegitimate births or 8.4 per cent of the total and of four cases of venereal disease, one of whom was a teenager, is an index of the low standards of personal discipline and self control which are undermining society at the present time. In so many spheres of human activity, it is now regarded as being "with it" to grab whatever you want irrespective of the rights of others--irrespective of its moral, social or economic consequences and sex is one of these spheres obviously. The so called New Morality is bankrupt and only a return to Christian principals and their practice in everyday dealings will cure the rot at the root of our society.

It is self evident that the social and welfare provisions of the state and the Local Authority and an affluent society have not proved an effective answer for vandalism, hooliganism, and lawlessness are rife. Indictable crime has never been so high. Unless personal discipline is inculcated and observed in the home, in school and by society, backed by the full weight of the law in flagrant breaches of it this rising tide of personal irresponsibility will engulf this land and with it those standards of behaviour which were such an integral part of its heritage and greatness in the past. The question is a personal one, not "What are they doing about it?" - but must be "What am I going to do?".

As your medical representative I have continued to serve on the Control of Infections and Maternity Liaison Committee of the Peterborough and Stamford Hospital Group. I have also served on the Disablement Advisory Committee and the Medical Panel of the Ministry of Labour. This service on outside bodies does help to foster a closer co-operation and understanding between them and your Health Department which inevitably assists all concerned and by no means least, members of the public in need of their help.

In nearing the conclusion of the report I wish to place on record my keen appreciation of the support and interest which Councillor G.H. Taylor as Chairman always gave to the work of the Health Department until his much regretted decision to relinquish the gavel this year.

To our new Chairman, Councillor Doctor J.A. Galletly, I also say, thank-you, for his sympathetic understanding of the successes, the frustrations and the work which goes on behind the scenes in a Health Department, as only one who has experienced them all himself can be expected to do.

Throughout another hectic year Mr. Chivers, Chief Public Health Inspector has maintained that calm cheerful efficiency and work eating energy which are the hall marks of his department. However busy he always makes time to discuss a mutual problem with me, his colleagues, and a member of the public. He is ably supported by Mr. Watson and Mr. Hyde. Towards the end of the year Mr. Busby joined us as Building Inspector and it is hoped that his stay will be a happy and successful one.

I wish to thank our Clerk, Mr. J.J.C. Goulder for his ever-ready help and also the other members of the staff for their co-operation.

Miss Curtis, Senior Shorthand-Typist had a weighty responsibility thrust on young shoulders. That she has carried her clerical burden with cheerful efficiency and shown understanding and tact when dealing with members of the public, I can testify. Assisted by Miss Rawlinson the high standards and happy atmosphere that we have come to accept as a characteristic of the Department have been most worthily maintained.

In conclusion I acknowledge warmly once again the kindness of Doctor Galletly in standing by for me when I have been absent on duty or holiday.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

H. ELLIS SMITH.

Medical Officer of Health.

FACTORIES ACT 1937 & 1948

The Annual Report of the Medical Officer of Health
in respect of the year 1964 for the Rural District
of South Kesteven in the County of (Kesteven)
Lincolnshire.

PART I OF THE ACT

1. Inspection for purposes of provision as to health.

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(1) Factories in which section 1, 2,3,4 & 6, are to be enforced by the Local Authority	5	-	-	-
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority	65	3	-	-
(3) Other premises in which section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
TOTALS	70	3	-	-

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				
	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Inadequate temperature (S.3.)	-	-	-	-	-
Ineffective drainage (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including Outwork)	-	-	-	-	-
TOTALS	-	-	-	-	-

PART VIII OF THE ACT

<u>Outwork</u>						
Nature of Work	No. of Outworkers	No. of cases in default in sending lists to the Council	No. of prosecutions for failure to supply lists	Notices served	Prosecutions	No. of instances for work in unwholesome premises
Carding etc. of Buttons etc.	1	1	1	1	1	1
TOTALS	1	1	1	1	1	1

H. ELLIS SMITH

Medical Officer of Health.

